

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009034

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

FILED FEB 19 1963

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1488

STATE FILE NUMBER

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis County	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 2 Days	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp.		d. STREET ADDRESS (If outside, give location) 9642 Lilly Jean Dr.	
3. NAME OF DECEASED (Type or print) First Middle Last FELIX FRANCIS Mc DONALD		4. DATE OF DEATH Month Day Year 2 9 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/21/1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter		10b. KIND OF BUSINESS OR INDUSTRY General Pipefitter	
11a. FATHER'S NAME Patrick Mc Donald		11b. MOTHER'S MAIDEN NAME Elizabeth Devine	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. [REDACTED]	
13a. NAME OF DECEASED Patrick Mc Donald		13b. NAME OF HUSBAND OR WIFE Lillian Mc Donald	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal failure - Uremia Chronic Pyelo Nephritis 6000 DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 30 days 5 yrs?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	
21. I attended the deceased from Dec 1957 to Feb 9/63 and last saw her alive on 2/9/63 Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS 3720 Washington	
22a. SIGNATURE R. Hensella M.D.		22b. DATE SIGNED 2/11/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/13/1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. DATE RECD. BY LOCAL REG. FEB 11 1963	
24. FUNERAL DIRECTOR Collier Mortuary St. Ann, Mo.		24. REGISTRAR'S SIGNATURE Earl Smith M.D.	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Sheldon Collier*

Licensed Embalmer No. \_\_\_\_\_

*3382*

P. O. Address \_\_\_\_\_

*St. Ann Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.